PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875 8 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) mlnus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER **PRESENT** RATE ENT ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE ENDME FFF Total Minus γ 20 (37 CFR 1.16(c)) X S OR Independent (37 CFR 1.16(b)) Minus ₹ X S = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + 4 OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Φ REMAINING PRESENT NUMBER RATE ADDI-ENT RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE MON Total Minus = (37 CFR 1,16(c)) OR Independent (37 CFR 1.16(b)) Minus ũ = ξ OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDI-ENDMENT RATE **AFTER** ADDI-**PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) FEE Minus OR Independent (37 CFR 1.16(b)) Minus = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)). OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the *Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter *20*.

**If the *Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter *3*.

The *Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT A	PPLICATIO Effect	N FEE DI	e i emm	MUVIN	ON RECO	RD	1	99	77	87	
CLAIMS AS FILED - PAR (Column 1)							SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			18				R	RATE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			18 minus 20-		. 0		×	\$ 9=		OR	X\$18=	·:
INDEPENDENT CLAIMS			3 minus 3 =		0		` X	40=		OR	X80=	• • •
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					35=		OR	+270=	
* If the difference in column 1 is less than zero, enter "O" in column 2						TC	TAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II						SI	IALL	ENTITY	OR	OTHER SMALL E		
ATM		CLAIMS REMAINING AFTER AMENOMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 18	Minus	2	W	=	X	\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	***	3	=	×	40 =		OR	X80=	4
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+	35=		OR	+270=	
							ADD	TOTAL IT. FEE		OR	ADDIT. FEE	
12	12-05				mn 2)	(Column 3)	_			_		
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	MBER KOUSLY FOR	PRESENT EXTRA	A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus	:	ે	=	X	\$ 9=		OR	X\$18=	
AMEN	Independent	• 3	Minus	DENDEN	3	-	,	40=		OR	X80=	:
	FIRST PHESE	NTATION OF M	OLTIPLE DE	PENUEN	CLAIM		' [•	135=		OR	+270=	
							400	TOTAL		OR	TOTAL ADDIT, FEE	
4-	3-06	(Column 1)		(Colu	ımn 2)	(Column 3		- I. TEE		_		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
ē	Total	. 18	Minus	- 20	*						
皇	Independent	• 3	Minus	3	3						
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										

X\$ 9=

X40=

+135=

OR

OR

OR

X\$18=

X80=

+270=

ADDIT. FEE

[&]quot;If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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